



Australian Government

Department of Health, Disability and Ageing

Approved Medical Deputising Services (AMDS) Program Guidelines

Effective 7 August 2025

Table of Contents

Table of Contents	2
Introduction	3
Glossary	4
Medical Deputising Service	6
1. Eligibility	6
2. Application Process	6
3. Accreditation	7
4. Executing the deed	7
5. Change of circumstances – new street address	7
6. Change of circumstances – change of ownership	7
7. Length of deed	8
8. Subsequent deed	8
9. Renewal of Deed	9
10. Responsibilities of the AMDS Service Provider	9
11. Call centres and bookings	10
12. Advertising	10
13. Compliance	11
14. Review of Decision	11
Doctors	13
1. AMDS Program placement eligibility	13
2. Application Process	13
3. AGPT Program placement eligibility	14
4. AMDS Program placement duration	14
5. AGPT Program placement duration	15
6. Supervision	16
7. Responsibility of doctors	16
8. Compliance	17
9. Review of decision	17
10. Responsibility of the department	17
Appendix A: Guidance for Developing Triage Protocols under the AMDS Program	18

Introduction

The Approved Medical Deputising Services (AMDS) Program offers doctors the opportunity to gain general practice experience by enabling services to be claimed from the Medicare Benefits Schedule (MBS) while providing after-hours deputising services to the community through an AMDS Service Provider.

Section 3GA of the *Health Insurance Act 1973* (Act) enables services to be claimed from the MBS by doctors who participate in an approved workforce or training program. The AMDS Program is listed in the *Health Insurance Regulations 2018* (Regulations) as an approved program under section 3GA of the Act.

The Department of Health, Disability and Ageing (department) has the delegated authority as the Specified Body to grant AMDS Program placements. Section 3GA of the Act also provides the legislative framework for Services Australia to place doctors on the Register of Approved Placements.

An AMDS service provider is an organisation, approved by the department, to arrange and facilitate the provision of a deputised medical service to a patient in the after-hours period at the request of the patient's regular GP.

Deputising services can be provided in a clinic, in the home of the patient or through telehealth.

For the purposes of the AMDS program, the after-hours period is defined as:

- after 6pm and before 8am on weekdays
- before 8am and from 12pm onwards on Saturday
- all day Sunday and all public holidays

Doctors participating in the AMDS Program can access relevant after-hours item numbers in the MBS.

The AMDS Program Guidelines provide the policy and operational procedures under which the department manages the AMDS Program. These AMDS Program Guidelines are effective from 7 August 2025 and replace all previous versions of the AMDS Program Guidelines.

Glossary

A glossary of definitions used throughout the AMDS Program Guidelines.

Term	Definition
ACRRM	Australian College of Rural and Remote Medicine
Act	<i>Health Insurance Act 1973</i>
AMC	Australian Medical Council
AMDS	Approved Medical Deputising Service. A Medical Deputising Service that has entered into a Deed of Agreement with the Commonwealth to allow AMDS participants to access Medicare benefits, for otherwise restricted doctors, to provide deputising services in the after-hours period.
Ahpra	Australian Health Practitioner Regulation Agency
Australian Government nominated accreditation body	<ul style="list-style-type: none"> • Australian General Practice Accreditation Limited (AGPAL) • Quality Practice Accreditation Pty Ltd (QPA)
Certificate of accreditation	A certificate issued by an Australian Government nominated accreditation body as evidence a service meets the current RACGP Standards for After Hours and Medical Deputising Services.
Commonwealth defined after-hours period for the AMDS program	<ul style="list-style-type: none"> • after 6pm and before 8am on weekdays • before 8am and from 12pm onwards on Saturday • all day Sunday and all public holidays
Communications control centre	A call centre or staff member who answers the phone and is based at an AMDS location.
Coverage area	An area, as determined by an AMDS Service Provider, which they commit to reliably and consistently service for the entirety of the Commonwealth-defined after-hours period.
CPD	General practice continuing professional development programs through an AMC approved CPD Home
Deed	A Deed of Agreement signed by the Commonwealth of Australia represented by the department and the Medical Deputising Service (MDS), under which the MDS provider agrees to abide by the AMDS Program Guidelines to access non-vocationally recognised doctors.
Department	Department of Health, Disability and Ageing
Deputising	To provide eligible services on behalf of another doctor.
Doctor(s)	Refers to a Prescribed Medical Practitioner. A doctor who does not hold specialist registration in general practice with Ahpra
MBA	Medical Board of Australia
MBS	Medicare Benefits Schedule
Medical Director	A doctor who holds specialist registration in general practice with Ahpra or is vocationally registered as a GP by Medicare is responsible for the clinical supervision of AMDS participants. The Medical Director must be located in the same state or territory as the service being provided and be available on an “on call basis” to all AMDS Program participants under the deed.

Medical Director	A doctor who holds specialist registration in general practice with Ahpra or is vocationally registered as a GP by Medicare and is responsible for the clinical supervision of AMDS participants. The Medical Director must be located in the same state or territory as the service being provided and be available on an “on call basis” to all AMDS Program participants under the deed.
Medicare Provider Number	A Medicare provider number uniquely identifies a doctor and the practice location from which they provide professional services. Medicare provider numbers are issued by Services Australia.
MDS	A Medical Deputising Service that has received accreditation from an Australian Government nominated accreditation body to deliver services in the Commonwealth-defined after-hours period.
Permanent resident or Australian citizen	As defined in the <i>Migration Act 1958</i>
Principal	A GP who undertakes the continuing care of patients in a medical practice who enters into a written agreement with an AMDS to provide after-hours services on their behalf to patients of their medical practice.
Program	Approved Medical Deputising Services Program
RACGP	Royal Australian College of General Practitioners
RACGP Standards	RACGP Standards for After-hours and Medical Deputising Services available from the RACGP website .
Register of Approved Placements	Register of Approved Placements as provided for under section 3GA of the Act.
Services Australia	Services Australia is an executive agency.
Service provider	An AMDS Service Provider approved under this Program is responsible for the supervision and support of non-vocationally recognised doctors who are approved to participate in the AMDS Program while they provide deputising services on behalf of the service provider.
Specialist GP	A doctor who holds specialist registration in general practice with Ahpra
Supervisor	A medical practitioner who holds specialist registration in general practice with Ahpra who is <ul style="list-style-type: none"> vocationally registered as a GP by Medicare employed by the AMDS to provide clinical supervision and oversee the completion of professional development activities of doctors employed by the AMDS.

Medical Deputising Service

1. Eligibility

To be eligible for the AMDS Program, a Medical Deputising Service (MDS) must satisfy the following criteria:

- have operated as an MDS for a minimum of 12 months prior to applying to join the AMDS Program
- hold current accreditation as an MDS from an Australian Government nominated accreditation body
- be clinically governed by one or more Medical Directors
- be a stand-alone MDS with its own street address, entrance, and signage. The MDS must not share common resources with another general practice or medical practice. Common resources include staff (excluding the Medical Director), telephone lines and consultation rooms.
- be fully operational during the entirety of the Commonwealth defined after-hours period
- only operate only during the Commonwealth defined after-hours period
- demonstrate the MDS has a Clinical Triage Protocol that satisfies each of the minimum capabilities identified in Appendix A

2. Application Process

An MDS who participates in the AMDS Program must sign a Deed of Agreement (deed) with the department. The application process is as follows:

- Complete an *Approved Medical Deputising Services (AMDS) program - Application form for a Deed of Agreement*. The application is available for download on the department [website](#). The application must include the following supporting documents:
 - a copy of the Accreditation Certificate for the MDS
 - a copy of the Clinical Triage Protocol for the MDS that satisfies each of the minimum capabilities identified in Appendix A
 - evidence of formal agreements with regular general practices for which the AMDS is providing deputising services
 - evidence of a formal agreement with another AMDS if phone calls are being transferred
- Submit the complete application and supporting documents to the department via email to AMDS@health.gov.au
- The department has 28 days to process the application once a completed application form and supporting documentation are received.
- If approved, the department will email the deed to the MDS. The deed will specify:
 - the period of the deed
 - the MDS responsibilities as a participant on the AMDS Program

3. Accreditation

For an MDS to be recognised as an AMDS, the MDS must hold full accreditation with an Australian Government nominated accreditation body as approved under the National General Practice Accreditation Scheme.

Accreditation ensures the MDS meets current Standards for after-hours and medical deputising services.

For more information on these Standards see the RACGP [website](#).

4. Executing the deed

The deed does not take effect until it is executed by both the department and the MDS. By executing the deed, the MDS agrees to comply with the AMDS Program Guidelines.

Once the deed is executed by both parties, the MDS will be formally recognised as an AMDS Service Provider.

For the purpose of the AMDS Program, the AMDS Service Provider must register every doctor it employs with the department. To complete this, the AMDS Service Provider must complete an *Approved Medical Deputising Services (AMDS) program - Application form for a doctor placement*.

For further information see *Doctors* on page 13.

5. Change of circumstances – new street address

The executed deed will state the street address of the AMDS Service Provider. If the AMDS Service Provider is to change address, the department must be notified at least 4 weeks in advance by emailing AMDS@health.gov.au

To remain as an AMDS at the new street address:

- the new street address must have received accreditation as an MDS from an Australian Government nominated accreditation body
- the MDS will need to sign a new deed with the department.

Once the new deed is executed, the AMDS Service Provider will be required to submit an *Approved Medical Deputising Services (AMDS) – Application form for a doctor placement* for all doctors practicing at the AMDS.

6. Change of circumstances – change of ownership

The executed deed will state the ownership of the AMDS. If the ownership of the AMDS is to change, the department must be notified at least 3 months before the change of ownership by emailing AMDS@health.gov.au

7. Length of deed

A. Initial deed:

An executed deed will be issued for a maximum period of 3 years, or until the AMDS accreditation expiry date as issued by an Australian Government nominated accreditation body, whichever comes first.

B. Subsequent deed:

An executed deed can be issued for a period of less than 3 years at the discretion of the department.

8. Subsequent deed

An MDS seeking to renew their deed must submit the required application forms and supporting documentation at least four weeks prior to the end of their current deed. The application process is as follows:

- complete an *Approved Medical Deputising Services (AMDS) program - Application form for a Deed of Agreement*. The application form is available for download on the department's [website](#).

The application must include the following supporting documents:

- a copy of the accreditation certificate for the MDS
- a copy of the clinical triage protocol for the MDS that satisfies each of the minimum capabilities identified in Appendix A
- evidence of a formal agreement with another AMDS if phone calls are being transferred

Submit the completed application form and supporting documents to the department at AMDS@health.gov.au

The department has 28 days to process the application once a completed application form and supporting documentation are received.

If approved, the department will provide a deed to the MDS. The deed will specify the:

- period of the deed
- responsibilities of the MDS as a participant of the AMDS Program

When assessing an application for a subsequent deed, the department will consider the past performance of the AMDS Service Provider including any breaches of the AMDS Program Guidelines.

Examples of sources the department may seek further information from include but are not limited to:

- the applicant
 - Medical Board of Australia
 - Royal Australian College of General Practitioners
 - Australian College of Rural and Remote Medicine
 - Australian Health Practitioner Regulation Agency
 - State and Territory Health Authorities
 - Services Australia
 - The RACGP or ACRRM who have issued an Australian General Practice Training program (AGPT) placement
 - Australian Government nominated accreditation bodies
- Approved Medical Deputising Service (AMDS) Program Guidelines

9. Renewal of Deed

- It is the responsibility of the Service Provider to renew their deed with the department prior to the expiry of their current deed.
- Failure to renew the current deed with the department prior to expiry will (may) result in the rejection of all claims for Medicare Benefits Schedule item numbers.
- Failure to renew prior to the expiry of the current deed will result in the termination of all AMDS doctor placements at the AMDS Service Provider's address.

10. Responsibilities of the AMDS Service Provider

AMDS providers ensure continuity of care for patients who cannot be treated by their regular GP or general practice during the after-hours period. These services are provided on behalf of their regular GP or general practice.

AMDS providers may also provide urgent episodic care for patients who are not referred by a regular GP or general practice. The Clinical Triage Protocol for urgent care needs must be satisfied as described at Appendix A.

The responsibilities of an AMDS Service Provider include:

- assess applications according to the AMDS Program Guidelines when employing doctors
- obtain a copy of the doctor's supervision plan submitted as part of their registration with Ahpra
- where applicable, notify the department of the name of the supervisor assigned to doctor(s)
- do not offer services already offered in daytime general practices, or offer continuing care to patients during the Commonwealth defined after-hours period without reference to the patient's regular GP
- ensure coverage area maps, lists, or search functions are an accurate reflection of the approved service areas listed in the deed, and service provision in those coverage areas is reliably and consistently available to patients in those areas
- provide after-hours services in a clinic or through home visits or via telehealth during the Commonwealth defined after-hours period to patients
- in every instance, provide an event summary, or consultation notes, to the patient's regular GP or general practice following the provision of a service. This requirement supports continuity of patient care.
- register with the department every doctor employed by the AMDS, including temporary resident doctors who are subject to the 10-year moratorium under section 19AB of the Act
- advise the department where a previously registered doctor has ceased employment
- ensure all doctors applying to the department for a subsequent AMDS placement are actively working towards obtaining specialist registration in general practice
- ensure all doctors applying to the department for a subsequent AMDS placement maintain at least current Level 1 Advanced Life Support (ALS) qualification
- understand and be compliant with all requirements detailed in the AMDS Program Guidelines

The Medical Director of the AMDS Service Provider must:

- be accessible to staff, doctors, and principals for the entirety of the Commonwealth defined after-hours period
- be physically located in the same State or Territory the AMDS Service Provider provides services
- where applicable, ensure the supervision of doctors meet the requirements as per the doctor's

Ahpra registration

- ensure relevant protocols, standards and guidelines are available to staff
- ensure the workforce meets quality and safety standards against those set by the RACGP, Ahpra and other relevant bodies

11. Call centres and bookings

To facilitate patient care, each AMDS Service Provider must operate an Australian-based call centre.

The call centre must:

- be capable of receiving calls from the public
- be able to triage patients or provide advice as set out in the Clinical Triage Protocol (Appendix A)
- be capable of receiving requests from patients' regular GP
- be operational only during the Commonwealth defined after-hours period
- be operational for the entire Commonwealth defined after-hours period
- only take bookings for consultation during the Commonwealth defined after-hours period
- be able to transfer calls to another AMDS Service Provider if required. (Noting the requirement to have an agreement in place with another AMDS Service Provider should phone calls be transferred)

The use of website and smartphone applications to accept patient bookings is permitted only under the following circumstances:

- the website and smartphone booking applications may be operational 24 hours a day. However, may only accept appointments from the beginning of the Commonwealth-defined after-hours period, until the end of the relevant after-hours period
- patients cannot select a preferred appointment time, or be prioritised over a patient who makes a phone call booking request
- an online booking must function as a booking request only, as all patients must be triaged by an AMDS Service Provider staff member prior to the consultation booking being confirmed
- multiple AMDS Service Providers must not be listed on a singular booking platform (website or smartphone application).

12. Advertising

An AMDS Service Provider is considered to be a regulated health service. This means the AMDS Service Provider provides public or private health services directly to the community, only where a formal arrangement with a medical practice is in place.

It is the responsibility of the AMDS Service Provider's Medical Director to ensure any advertising undertaken complies with the *Health Practitioner Regulation National Law Act 2009* and other national or state relevant legislation. AMDS Service Providers should follow the *Guidelines for advertising a regulated health service*.

For more information see the Ahpra [website](#).

Advertisement of an AMDS Service Provider is restricted to the following:

- AMDS contact details, including opening hours may be distributed only to general practices with written deputising agreements in place
- websites or social media pages may include contact details, opening hours and health advocacy

information

AMDS Service Providers cannot:

- send emails, push notifications or pop-up advertisements that advertise the AMDS Service Provider to patients through any channel, or
- provide any information other than that related to a consultation booking confirmation or the outcome of a consultation
- offer any kind of incentive payment to a general practice, including but not limited to:
 - patient referral payments
 - service agreement payments
 - exclusivity payments
- make any kind of payment to an online service or search engine to promote the AMDS Service Provider, whether by advertising or an improved search result ranking

Where an AMDS Service Provider wants to provide health advocacy information to the community through any channel, the AMDS Service Provider cannot include their business information, logos or contact details.

13. Compliance

Failure of an AMDS Service Provider to comply with any section of the AMDS Program Guidelines may result in an early termination of their deed.

The department will send written notice of a possible breach to the AMDS Service Provider. The AMDS Service Provider must provide the department with a response within 28 calendar days.

The department may suspend any further AMDS placements until the compliance issue is resolved.

Examples of compliance breaches of the AMDS Program Guidelines include but are not limited to:

- failure to comply with any requirements of the AMDS Program Guidelines
- failure to maintain full accreditation
- failure to operate exclusively during the Commonwealth defined after-hours period
- failure to ensure doctors maintain a Level 1 ALS qualification while on an AMDS placement
- failure to supply any documents as requested by the department
- failure to adhere to advertising standards for regulated health services
- failure to respond to general compliance issues as raised by the department

14. Review of Decision

An AMDS Service Provider may request a review of a decision from the department. The review process does not allow for considerations that fall outside of the AMDS Program Guidelines.

A request for a review must be made within 28 days of the decision letter being issued to the AMDS Service Provider.

For a review, the AMDS Service Provider must provide:

- a supporting letter detailing how the AMDS Program Guidelines were not applied correctly
- additional evidence to support the review request

The supporting letter and evidence should be sent via email to AMDS@health.gov.au

The department will respond to a review request by assessing:

- the evidence supplied in support of the initial decision made by the department
- any additional evidence supplied by the AMDS Service Provider as part of the review request that is deemed relevant to the AMDS assessment framework

The department will notify the AMDS Service Provider of a decision, and will:

- confirm the outcome of the review request
- confirm the factors that were considered in the review request
- provide a statement confirming the reasons for overturning the department's original decision or retaining the department's original decision

The department's original decision will remain in effect unless or until the department overturns it.

Doctors

The AMDS Program aims to assist doctors gain valuable general practice experience in an after-hours setting by allowing doctors to work in supervised deputised positions.

Doctors on the AMDS Program are required to be working towards obtaining specialist registration in general practice.

The current AMDS Guidelines dated 14 April 2025 provide an initial placement of 3 years for a doctor who has not previously been enrolled in the AMDS Program. The 3-year period is conditional on the AMDS Service Provider holding a current Deed of Agreement with the department.

Doctors enrolled in the AMDS Program prior to the release of the 14 April 2025 Guidelines were provided an initial placement of 2 years. The current placement period of 3 years in the 14 April 2025 Guidelines does not apply retrospectively.

1. AMDS Program placement eligibility

To join the AMDS program, a doctor must satisfy all the following eligibility criteria:

- be subject to the requirements of section 19AA of the Act which requires a doctor to be on an approved 3GA workforce or training program to access a Medicare benefit
- hold *General, Limited, or Provisional* registration with Ahpra
- hold temporary or permanent residency in Australia
- hold at a minimum, a current Level 1 ALS certificate, with the level attained stated on the certificate
- have a minimum of 2 years post-graduate experience including paediatrics, accident and emergency medicine and surgery

Limited or Provisional Ahpra registration:

Doctors who hold *Limited or Provisional* Ahpra registration may participate in the AMDS Program, providing the doctor meets all conditions imposed on their registration by Ahpra.

Doctors who hold Limited or Provisional Ahpra registration may provide in-clinic services only, unless approved by Ahpra to provide services in the home of a patient or in a Residential Aged Care Facility.

2. Application Process

Doctors are required to apply for an AMDS placement directly to an AMDS Service Provider. The application process is as follows:

- the doctor completes pages 2 and 3 of an *Approved Medical Deputising Services (AMDS) program - Application form for a doctor placement* form and gathers all required supporting documents. The application form and supporting documents are then given to the AMDS Service Provider
- the AMDS Service Provider reviews the completed application form and supporting documents, and completes page 4 of the application form
- the AMDS Service Provider submits the completed application form and supporting

- documents to the department at AMDS@health.gov.au
- the department will assess the doctor's eligibility
- the department will process the application within 28 days of receiving a completed application form and supporting documentation, providing the AMDS Service Provider has a current deed with the department
- the department will notify the AMDS Service Provider in writing of the outcome of the doctor's application. Notifications will specify the doctor, AMDS Service Provider, AMDS placement start, and end dates and any conditions associated with the AMDS placement
- the department will notify Services Australia of the AMDS placement for the purposes of the Medicare Provider Number

Approved Medical Deputising Services (AMDS) program - Application form for a doctor placement is available from the department's [website](#)

3. AGPT Program placement eligibility

Doctors working towards obtaining specialist registration in general practice by actively participating on one of the program placements listed below, may be eligible for an Australian General Practice Training (AGPT) Program placement at an AMDS Service Provider.

The issuing of an AGPT placement at an AMDS Service Provider for the Commonwealth defined after-hours period, is an extension of a doctor's GP College-led 3GA training placement which the doctor is participating on during regular business hours at a different medical practice.

- Australian General Practice Training (AGPT)
- Australian College of Rural and Remote Medicine Independent Pathway (ACRRM IP)
- Australian College of Rural and Remote Medicine Fellowship Support Program (ACRRM FSP)
- Royal Australian College of General Practitioners Fellowship Support Program (RACGP FSP)
- Remote Vocational Training Scheme (RVTS)

An AGPT placement at an AMDS Service Provider will be issued for a period of 1 year conditional on the doctor participating in a 3GA training program at another practice during the day. Where a doctor enrolled in an AGPT placement at an AMDS Service Provider does not maintain participation on a current 3GA training placement at a practice during the day, they may be in breach of these guidelines.

4. AMDS Program placement duration

If eligible, the department will grant a doctor an AMDS placement at an AMDS Service Provider. AMDS placements contain a start and end date.

The department may place additional AMDS placement duration limits at its discretion.

Initial AMDS placement:

An initial AMDS placement will be issued to eligible doctors for a maximum period of 3 years.

To be issued an initial AMDS placement, the doctor is not required to be a member of a general

practice college or participating on a training program which leads to obtaining specialist registration in general practice.

Subsequent AMDS placement(s):

After the initial AMDS placement, if the doctor would like to continue on an AMDS placement and is enrolled in a GP College-led 3GA training program at another practice, an application for a subsequent AMDS placement must be submitted. Subsequent AMDS placements follow the same application process as per *Doctors 2. Application Process* of the AMDS Program Guidelines.

The doctor must be enrolled in a GP College-led 3GA training program at another practice during normal hours before they can apply for a subsequent placement on the AMDS Program.

When applying for a subsequent AMDS placement, evidence must be supplied to the department showing the doctor has:

- obtained membership with either the ACRRM or RACGP
- commenced participation on an approved GP College-led 3GA training placement which leads to obtaining specialist registration in general practice

Subsequent AMDS placements will be issued to eligible doctors for a maximum period of 1 year and are strictly subject to the doctor's participation on an approved GP College-led 3GA training program which leads to obtaining specialist registration in general practice. Subsequent AMDS placement applications follow the same application process as per *Doctors 2. Application Process* of the AMDS Program Guidelines.

Doctors may be eligible to enrol on the AMDS Program while participating on an approved GP College-led 3GA training program which leads to obtaining specialist registration in general practice, up to a maximum period of 10 years in total. The department has no discretion to approve participation on the AMDS program beyond 10 years.

5. AGPT Program placement duration

If eligible, the department will grant a doctor an AGPT placement at an AMDS Service Provider.

AGPT placements at an AMDS will only be issued where the doctor is enrolled in a GP College-led 3GA training program at another practice during the day. Where approved, AGPT placements will be granted for one year.

The department may place additional AGPT placement duration limits at an AMDS Service Provider at its discretion.

After the AGPT placement has ended, if the doctor remains enrolled in a GP College-led 3GA training program and would like to continue on an AGPT placement at an AMDS, a subsequent application for an AMDS placement must be submitted to the department. Subsequent AMDS placement applications follow the same application process as per *Doctors 2. Application Process* of the AMDS Program Guidelines.

When applying for a subsequent AGPT placement, evidence must be supplied to the department showing the doctor is participating on an approved training program which leads to obtaining specialist registration in general practice. Approved 3GA training placements are listed under

Doctors 3. AGPT Program placement eligibility.

Doctors may be eligible to enrol on the AMDS Program while participating on an approved training program which leads to obtaining specialist registration in general practice, up to a maximum period of 10 years in total. The department has no discretion to approve participation on the AMDS program beyond ten 10 years.

6. Supervision

Doctors who hold *Limited* or *Provisional* Ahpra registration must ensure their supervision meets requirements as set by Ahpra and any other relevant industry standards.

The AMDS Service Provider's Medical Director will aid doctors in ensuring the level of supervision is appropriate to the doctors' knowledge and skills.

7. Responsibility of doctors

Doctors are responsible for ensuring they:

- comply with the AMDS Program Guidelines
- submit all required supporting documents to the AMDS Service Provider when applying for an AMDS placement
- hold, and maintain a current Level 1 (at minimum) ALS qualification
- respond in a timely manner to compliance enquiries as raised by the department or the AMDS Service Provider
- when applying for a subsequent AMDS placement provide evidence of participation on a GP College-led 3GA training program which leads to attaining specialist registration in general practice

Doctors who withdraw from or are removed from a training program which leads to attaining specialist registration in general practice must notify the department immediately.

Before a doctor claims an MBS item(s) for their service(s) they must:

- receive an AMDS placement approved from the department
- have their name added by Services Australia to the Register of Approved Placements for the purpose of Section 3GA of the Act
- be granted a Medicare Provider Number from Services Australia for their nominated AMDS

Under the Act, MBS eligibility cannot be granted retrospectively. Doctors who claim MBS item(s) for service(s) under the AMDS Program without satisfying the AMDS Program Guidelines are in breach of the Act.

8. Compliance

Failure to comply with any part of the AMDS Program Guidelines may result in the immediate termination of a doctor's AMDS or AGPT placement.

The department will send written notification of a possible breach to both the doctor and the AMDS Service Provider. The doctor must provide the department with a response within 28 days.

Examples of compliance breaches of the AMDS Program Guidelines include, but are not limited to:

- failure to comply with any requirements of the AMDS Program Guidelines
- failure to maintain a current Level 1 ALS qualification
- failure to supply any documents as requested by the department
- failure to respond to general compliance issues as raised by the department

9. Review of decision

Doctors may request a review of a decision from the department. The review process does not allow for considerations that fall outside of the AMDS Program Guidelines.

A request for a review must be made within 28 days of the decision letter being issued to the doctor. For a review, the doctor must provide:

- a supporting letter detailing how the AMDS Program Guidelines were not applied correctly
- additional evidence to support the review request

The supporting letter and evidence are to be emailed to AMDS@health.gov.au

The department will respond to a review request by assessing:

- the evidence supplied in support of the initial decision made by the department
- any additional evidence supplied by the doctor as part of the review request that is deemed relevant to the AMDS assessment framework

The department will provide a response to the doctor confirming:

- the outcome of the review request
- the factors considered in the review request
- the reasons for overturning or retaining the department's original decision

10. Responsibility of the department

The department is responsible for:

- the policy, guidelines, and maintenance of the AMDS Program
- the application of section 19AA and 19AB of the Act for AMDS doctors
- assessing reviews of decisions for the AMDS Program
- reviewing the performance of the AMDS Program

Appendix A: Guidance for Developing Triage Protocols under the AMDS Program

Purpose

This appendix identifies six minimum triage standards expected from each AMDS Service Provider. Triage promotes effective general practice and gives primary consideration to clinical need instead of prioritising the most demanding patients. This information is supplied to ensure an appropriate standard is applied under the AMDS Program for assigning an appropriate clinical priority to patients who seek appointments.

The primary role of an AMDS Service Provider is to organise after-hours in-clinic or home visit services to patients on behalf of the patient's regular GP. These services complement rather than compete with general practices and are not positioned to offer comprehensive care to patients. As an outcome of this role, the department recognises many patients will be referred to an AMDS for after-hours care by their regular GP as part of a continuity of care framework. In these cases, the department is satisfied a patient would have been triaged by their regular GP and a deputising doctor will be acting on the instructions of the primary caregiver with appropriate understanding of the patient's medical history.

The department recognises the AMDS program supports a range of commercial arrangements which deploy doctors to offer a broad mix of in-clinic, , home visit and telehealth services to patients. This protocol identifies a set of expected minimum capabilities AMDS Service Providers can apply to their existing patient triage process, whether this involves telephone or in-clinic triaging.

This appendix is primarily concerned with the segment of patients who make direct contact with an AMDS Service Provider with the objective of obtaining an after-hours service or consultation. This group of patients may be seeking assistance outside of their normal care framework. This protocol assists AMDS Service Providers with managing these cases by:

- providing the minimum triage standards which apply when engaging with patients who make direct contact
- identifying the types of routine, non-urgent clinical matters which fall outside of the scope of medical deputising and the intent of the AMDS Program

As these capabilities establish a minimum standard for triaging patients who are not referred by their normal caregiver, the capabilities do not provide direct clinical guidance for managing all potential scenarios. Each AMDS Service Provider must employ doctors who hold specialist registration in general practice to act as the Medical Director. It is the Medical Director who will retain responsibility for providing the level of clinical governance necessary for ensuring high quality deputised services are provided to patients.

Minimum expected triage capabilities

Each AMDS Service Provider must develop and implement a triage process for patients and, as part of this process, maintain the following minimum capabilities.

Capability 1: Identify and appropriately refer patients who identify themselves as having a medical emergency

AMDS Service Providers have not been established for the purpose of providing emergency care and must offer a subset of general practice services. As a matter of good risk management, the AMDS Service Provider's triage system must include a method for identifying patients who need to be referred to a hospital emergency department or Medicare Urgent Care Clinic.

As part of the normal triage process, an AMDS Service Provider is expected to ensure staff (including staff employed into non-clinical roles):

- understand how emergency conditions are defined
- understand how to quickly get urgent assistance, when needed, for a patient who either attends the clinic setting (where applicable) or who calls the AMDS
- as part of their role in triage, use this information to routinely ask patients if they are seeking assistance for an emergency condition
- follow a process established by the AMDS Service Providers Medical Director for arranging either an ambulance or a referral to a hospital emergency department
- keep track of, and record in writing, triage response by administrative and clinical staff

An AMDS Service Provider may choose to support this capability by including a statement on its website confirming to consumers that medical emergencies should be referred to the nearest hospital emergency department or Medicare Urgent Care Clinic.

Capability 2: Obtain a brief and accurate description of the patient's condition

To perform effective triage, an AMDS Service Provider must engage staff trained to obtain an accurate description of the caller's concern. As a minimum standard, triage staff engaged to support doctors who are deputising under the terms of the AMDS Program are obligated to confirm the patient's reason for calling. This must include, but is not limited to confirming:

- the key symptom(s) that have initiated the need to contact the AMDS
- the duration of the symptom(s)
- whether the symptom(s) are escalating
- (where appropriate) the level of pain associated with the symptom(s)
- whether the patient has previously attempted to treat the symptom(s). Including taking previously prescribed medicines or through home care measures

In cases where a family member or third party is calling on behalf of a potential patient, their relationship to the potential patient must be confirmed.

This capability is required to determine if the caller is presenting to the AMDS Service Provider with a clinical matter that falls outside of the scope of deputised care. Further advice on these matters is provided below.

Capability 3: Obtain a brief health history from the patient

While a potential patient may initiate contact with the AMDS Service Provider and present a clear expectation that they will receive an after-hours service or consultation in response to their immediate medical concern, the AMDS Service Provider must ensure any care offered is both safe and clinically correct in the context of the patient's health history. To meet this standard, the AMDS Service Provider is expected to obtain a brief health history from a potential patient as part of the standard triage process.

This capability is required to determine if the potential patient is presenting to the AMDS Service Provider with a clinical matter that falls outside of the scope of deputised care. Further advice on these matters is provided below.

Capability 4: Scheduling care

Due to their unique role, AMDS Service Providers are expected to maintain a mechanism for obtaining feedback from the general practices they service. As part of each arrangement to provide deputised care, the AMDS Service Provider must have a procedure for obtaining feedback from the general practice about the quality of care provided to patients, and whether there are any concerns relating to the scheduling of care provided to those patients.

The department recognises it is more difficult to schedule care for patients who make direct contact during the after-hours period. However, the AMDS Service Provider must maintain a scheduling system to accommodate situations where a determination is made that an after-hours consultation must be offered to a non-referred patient. This system must at minimum provide:

- scope to offer a patient an indicative expected time for the consultation
- support for triaging and managing medical emergency (as per Capability 1)
- flexibility to recognise different patient needs
- (where appropriate) the ability to meet competing demands where the provider offers a mix of in-clinic and home visit services

As part of the process for scheduling care, an AMDS Service Provider must ensure deputising doctors are deployed to practice according to their competencies and limitations.

Scheduling care with reference to the competencies of doctors is important as AMDS Service Providers receive approval from the department to employ doctors, who have not demonstrated they meet each of the standards for working in independent private practice by attaining specialist registration in general practice.

Scheduling arrangements must consider the competencies of doctors to ensure they have access to the Medical Director as per the supervision requirements set out in alternate sections of the AMDS Guidelines.

Capability 5: Managing patients who present with symptoms of a communicable disease

For AMDS Service Providers offering an in-clinic component to their service, triage protocols must include provisions for managing patients who present with symptoms of a communicable disease, including COVID-19, influenza, measles, or chicken pox. These patients must be isolated in a secluded area of the clinic. Where possible, access to this area must be limited. In addition:

- patients with influenza-like symptoms should be required to wear a surgical mask
- all staff interacting and treating the patient should wear as a minimum, a surgical mask, gloves, and when collecting nose and/or throat swabs, and protective eyewear

Capability 6: Triage patients back to their regular GP

As a requirement for participating on the AMDS Program, an AMDS Service Provider must be committed to referring patients to their regular caregiver if they have not been referred by their regular GP and are requesting a consultation for what is a routine, non-urgent matter. This requirement reflects that AMDS Service Providers do not provide comprehensive care, and any direct engagement with patients should be for facilitating acute or urgent care.

The triage process adopted by the AMDS Service Provider must include guidance for triaging patients to their regular caregiver when they present with routine and/or non-urgent matters. This must include guidance for managing patients who may expect an after-hours consultation on the basis that it may be more convenient than securing an appointment from their regular GP. Should a patient not have a regular GP, the AMDS Service Provider should provide a contact list of local general practices.

The following section sets out several clinical matters the department deems to fall outside the scope of deputised care. While this is not an exhaustive list, it is supplied so the Medical Director employed by each AMDS Service Provider can:

- develop a set of protocols for the service that provide informed guidance on how and when to triage patients who make contact during the after-hours period to their regular GP
- make informed clinical decisions if a patient is referred to them as part of the AMDS Service Providers triage process

Clinical matters outside the scope of deputised care

As part of the continuity of care intent of the AMDS Program, AMDS Service Providers are expected to provide urgent after-hours services for patients on behalf of their regular doctors. Accordingly, it is not appropriate that deputising doctors employed by AMDS Service Providers provide services to patients who present with symptoms or circumstances that can be addressed by their regular GP.

The following are examples of the types of consultation requests the department deems to be the sole responsibility of a patient's regular GP. These requests are deemed to fall outside of the deputising activity that may be performed by a doctor enrolled on the AMDS Program.

1. Health promotion activity that requires ongoing care

Deputising doctors are encouraged to provide brief interventions regarding smoking, alcohol, or recreational drug use, but would refer to the patient's regular GP for medication and management

of smoking cessation or opiate withdrawal.

2. Management of chronic disease

Examples that would be considered inappropriate include:

- Blood pressure or blood glucose monitoring
- Discussion of test results
- Repeat prescriptions
- Medication reviews
- GP management plans
- Chronic disease management plans
- Mental health care plans
- Specialist referrals
- Routine referrals to other health professionals, or pathology and imaging tests

3. Procedures that require resuscitation facilities

Examples that would be considered inappropriate include:

- Immunisations
- All surgical procedures

4. Procedures that may need a chaperone, good illumination, or specific equipment

Examples that are considered inappropriate include:

- Examinations such as urological or gynecological unless specific to the presenting illness
- Cervical screening tests
- Ear syringing
- Hearing tests
- Skin checks
- Routine uncomplicated dressing changes for patients who are able to present to their regular GP or community nurse

5. Certification

Examples considered inappropriate include:

- Medical reports including but not restricted to:
 - pre-employment medical reports
 - insurance medical reports
 - Services Australia – Centrelink medical reports and certificates
- Fitness to drive assessment
- Taxi subsidy forms

Participants on the AMDS Program are not prohibited from prescribing medicines to a patient who has not been referred for a deputised attendance by their regular GP. Participants on the AMDS Program will remain eligible to prescribe medicines to un-referred patients if they identify a genuine

clinical need to issue a prescription.

Participants on the AMDS Program are prohibited from issuing multiple repeats for prescribed medications. A single prescription can be issued for up to a month's supply. To obtain further repeat prescriptions patients must see their regular GP or practice. This requirement is to encourage continuity in prescribing recognition of the increase in multimorbidity and polypharmacy.

The AMDS Guidelines consider that a patient "running out of a prescribed medicine" is a recognised challenge in general practice and offer scope for an AMDS Program participant to prescribe as a means of preventing significant harm to a patient who has not been referred by their regular GP.

The AMDS Guidelines limit the ability of deputising doctors to prescribe multiple repeat medicines as a routine practice and confirm that AMDS Program participants should not be issuing repeat prescriptions as a matter of patient convenience and must identify a genuine clinical need.